# JOINT INFANT FEEDING POLICY
(HDFT HEALTH VISITING SERVICES AND NYCC CHILDREN’S CENTRES)

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1. **INTRODUCTION**

Harrogate and District NHS Foundation Trust and North Yorkshire County Council are committed to providing the highest standard of care to support expectant and new mothers and their partners to feed their baby and build strong and loving parent-infant relationships. This is in recognition of the profound importance of early relationships to future health and well-being and the significant contribution that breastfeeding makes to good physical and emotional health outcomes for children and mothers.

We aim to ensure that all care is mother and family centred, non-judgemental and that mothers’ decisions are supported and respected. Working together across disciplines and organisations to improve mothers’/parents’ experiences of care.

1.1. **Purpose**

The purpose of this policy is to ensure that all staff at Harrogate and District NHS Foundation Trust and North Yorkshire County Council Children’s Centres understand their roles and responsibilities in supporting expectant and new mothers and their partners to feed and care for their baby in ways which support optimum health and well-being.

This Joint Infant Feeding policy will ensure consistency amongst all Harrogate and District NHS Foundation Trust Health Visiting Services and North Yorkshire County Council Children’s Centre staff when providing support and education for families around infant feeding and early years development.

All staff are expected to comply with the joint policy.

**Outcomes**

This policy aims to ensure that the care provided improves outcomes for children and families, specifically to deliver:

- Increases in breastfeeding rates at 6-8 weeks.
- Amongst parents who chose to formula feed, increases in those doing so as safely as possible in line with nationally agreed guidance.
- Increases in the proportion of parents who introduce solid food to their baby in line with nationally agreed guidance (around 6 months of age).
- Services which promote responsive parent child relationships.
- An increase in attendance at Breastfeeding Support provision.
- Improvements in parents’ experiences of care.
- Increase initiation rates.

**Our Commitment**

Harrogate and District NHS Foundation Trust and North Yorkshire County Council are committed to:

- Providing the highest standard of care to support expectant and new mothers and their partners to feed their baby and build strong and loving parent-infant relationships. This is in recognition of the profound importance of early relationships to future health and well-being and the significant contribution that breastfeeding makes to good physical and emotional health outcomes for children and mothers.
- Ensuring that all care is mother and family centred, non-judgmental and mothers’ decisions are supported and respected.
- Supporting mothers to have a positive breastfeeding experience.
- Working with families to improve and enhance parenting experiences.
- Children’s Centres to ensure local needs are met according to the Children’s Centre’s core offer (Appendix 1).
- Working together across disciplines and organisations to improve mothers’ / parents’ experiences of care.

As part of this commitment the service will ensure that:
- All new staff employed by Harrogate and District NHS Foundation Trust and North Yorkshire County Council Children’s Centre’s are familiarised with the policy on commencement of employment (HDFT staff - please refer to HDFT Health Visiting Service Standards/Pathways).
- All Harrogate and District NHS Foundation Trust and North Yorkshire County Council Children’s Centre staff receive training to enable them to implement the policy as appropriate to their role. All Harrogate and District NHS Foundation Trust staff receive this training within six months of commencement of employment. This will be followed by annual updates.
- The International Code of Marketing of Breast-Milk Substitutes is implemented throughout the service [http://www.who.int/nutrition/publications/code_english.pdf](http://www.who.int/nutrition/publications/code_english.pdf)
- All documentation fully supports the implementation of these standards.
- All materials produced for families reflect the Baby Friendly standards.
- Parental engagement in both planning and evaluation of Children’s Centre and Health Visiting services is encouraged to ensure services meet their needs.
- Parents’ experiences of care will be listened to through regular audit and parents’ experience surveys. These results will support continued improvement in services.

1.2. Scope
All staff working within Harrogate and District NHS Foundation Health Visiting Services and North Yorkshire County Council Children’s Centres.

1.3. Definitions
- **Breastfeeding.** Breastfeeding is the feeding of an infant with breast milk directly from female human breasts. Alternative methods of giving the infant Expressed Breast Milk (EBM) includes syringe feeding and cup feeding. EBM may also be given via a nasogastric tube to premature infants depending on their gestational age or to those requiring alternative routes of feeding. The World Health Organisation (WHO) recommends exclusive Breast Feeding for the first 6 months of life (WHO 2001).
- **Formula Feeding.** Infants are fed Infant Formula which is designed to meet the nutritional needs of babies during the first year of life when mothers chose not to breast feed. Formula is usually given to the infant from a bottle or cup; premature infants or those with specific feeding requirements may be fed via a nasogastric tube (Department of Health 2009).
2. POLICY / PROCEDURE / GUIDANCE

This section of the policy sets out the care that the health visiting service and children’s centres are committed to giving each and every expectant and new mother. It is based on the UNICEF UK Baby Friendly Initiative standards for health visiting and children’s centres, relevant NICE guidance and the Healthy Child Programme.

2.1. Antenatal Contact by a Health Visitor

A routine 1 to 1, face to face antenatal contact by a Health Visitor is part of the Commissioned Service provided by Harrogate and District NHS Foundation Trust (Appendix 2: Ante-natal standard / Breastfeeding pathway).

All pregnant women will have the opportunity to discuss feeding and caring for their baby with a health visitor. This discussion will include the following topics:

- The value of connecting with their growing baby in utero.
- The value of skin contact for all mothers and babies.
- The importance of responding to their baby’s needs for comfort, closeness and feeding after birth and the role that keeping their baby close has in supporting this.
- Feeding, including:
  - An exploration of what parents already know about breastfeeding.
  - The value of breastfeeding as protection, comfort and food.
  - Getting breastfeeding off to a good start.

Children’s Centre services recognise the importance of pregnancy as a time to build the foundations of future health and wellbeing and the role they play in supporting this process. Children’s Centres will contact all pregnant women to offer them information and support (as appropriate) through:

- Telephone contact.
- Invitations to classes run at the local Centres.
- One to one contact.
- Referral to peer support (dependent on area).

All classes and information provided reflect the Baby Friendly standards and comply with the Code.

2.2. New Birth Visit: Support for continued breastfeeding


This assessment will be carried out at the ‘new baby review’ or ‘birth visit’ at approximately 10-14 days to ensure effective feeding and well-being of the mother and baby. This includes recognition of what is going well and the development, with the mother, of an appropriate plan of care to address any issues identified.

- For those mothers who require additional support for more complex breastfeeding challenges support will be provided by the named Health Visitor and a referral made to the specialist service if required. Mothers will be
informed about the local support services for breastfeeding (Appendix 3: Referral Process for Persistent and Complex Breastfeeding Challenges).

- Harrogate and District NHS Foundation Trust Health Visiting Service staff and North Yorkshire County Council Children’s Centre staff will be aware of a clear referral system for those mothers who require additional support for more complex breastfeeding challenges (Appendix 3: Referral Process for Persistent and Complex Breastfeeding Challenges).
- Mothers will have the opportunity for a discussion about their options for continued breastfeeding with a member of the Health Visiting team (including responsive feeding, expression of breast milk and feeding when out and about or going back to work), according to individual need.
- Breastfeeding is valued by all staff employed by Harrogate and District NHS Foundation Trust Health Visiting Services and North Yorkshire County Council Children’s Centre’s and mothers are encouraged and praised for providing any breast milk.
- Breastfeeding mothers are informed of all services provided to support continued breastfeeding.
- Mothers are welcome to breastfeed in all areas of North Yorkshire Children’s Centres and comfortable facilities are provided.
- No advertising of breast milk substitutes, bottles, teats or dummies is permitted within Harrogate and District NHS Foundation Trust Health Visiting Services and North Yorkshire Children’s Centres.

Responsive feeding
The term responsive feeding is used to describe a feeding relationship which is sensitive, reciprocal and about more than nutrition. Staff should ensure that mothers have the opportunity to discuss this aspect of feeding and reassure mothers that: breastfeeding can be used to feed, comfort and calm babies; breastfeeds can be long or short, breastfed babies cannot be overfed or 'spoiled' by too much feeding and breastfeeding will not, in and of itself, tire mothers any more than caring for a new baby without breastfeeding.

- Harrogate and District NHS Foundation Trust and North Yorkshire County Council will work in collaboration with other local services to make sure that mothers have access to social support for breastfeeding.
- All breastfeeding mothers will be informed about the local support for breastfeeding. This information can be located within the local Children’s Centre leaflets or on the North Yorkshire County Council website. http://www.northyorks.gov.uk/24091

2.3. Exclusive breastfeeding
- Mothers who breastfeed will be provided with information from Harrogate and District NHS Foundation Trust Health Visiting Services about why exclusive breastfeeding leads to the best outcomes for their baby and why it is particularly important during the establishment of breastfeeding.
- When exclusive breastfeeding is not possible, the value of continuing partial breastfeeding will be emphasised and mothers will be supported to maximise the amount of breast milk their baby receives.
• Mothers who give other feeds in conjunction with breastfeeding will be enabled to do so as safely as possible and with the least possible disruption to breastfeeding. This will include appropriate information and a discussion regarding the potential impact of the use of a teat or dummy when baby is learning to breastfeed.

2.4. Modified feeding regime

• There are a small number of clinical indications for a modified approach to responsive feeding in the short term. Examples include: preterm or small for gestational age babies, babies who have not regained their birth weight, babies who are gaining weight slowly (Appendix 4: Practice Guidelines for Practitioners when Considering Possible Faltering Weight in the Breastfed Infant).

2.5. Support for formula feeding

At the birth visit mothers who formula feed will have a discussion with the Health Visitor about how feeding is going. Recognising that this information will have been discussed with maternity service staff, but may need revisiting or reinforcing; and being sensitive to a mother’s previous experience, Harrogate and District NHS Foundation Trust Health Visiting staff will check that:

• Mothers who are formula feeding have the information they need to enable them to do so as safely as possible. Information will be provided about the importance of using first stage formula. Staff may need to offer a demonstration and/or discussion about how to prepare infant formula.
• Harrogate and District NHS Foundation Trust Health Visiting staff and North Yorkshire County Council Children’s Centre staff need to ensure that mothers who formula feed understand about the importance of responsive feeding and how to:
  o Respond to cues that their baby is hungry.
  o Invite their baby to draw the teat rather than forcing the teat into their baby’s mouth.
  o Pace the feed so that their baby is not forced to feed more than they want to.
  o Recognise their baby’s cues that they have had enough milk and avoid forcing their baby to take more milk than the baby wants.

2.6. Introducing solid food

All parents will have the opportunity for a timely discussion with a member of the Health Visiting team about when and how to introduce solid food, following the World Health Organisation guidelines outlined by ‘Start 4 Life’ including:

• That solid food should be started around six months.
• Babies’ signs of developmental readiness for solid food.
• How to introduce solid food to babies.
• Appropriate foods for babies

Children’s Centre staff will support all mothers regardless of feeding method to introduce solid food at around six months of age in accordance with World Health Organisation and Department of Health guidelines.
2.7. Support for parenting and close relationships

- All parents will be supported to understand a baby’s needs (including encouraging frequent touch and sensitive verbal/visual communication, keeping babies close, responsive feeding and safe sleeping practice).
- Mothers who bottle feed are encouraged to hold their baby close during feeds and offer the majority of feeds to their baby themselves to help enhance the mother-baby relationship.
- Fathers / main carers who bottle-feed are encouraged to hold baby close during feeds to help enhance the relationship.
- All parents will be informed about the local community support available. Families will be provided with a local Children’s Centre leaflet or they can refer to the North Yorkshire County Council Website for further information [http://www.northyorks.gov.uk/article/23548/Childrens-centres](http://www.northyorks.gov.uk/article/23548/Childrens-centres)
- North Yorkshire Children’s Centres promote responsive parenting and parents are encouraged to respond to their baby’s needs for love, comfort and security.
- All materials and classes provided for parents and undertaken by Harrogate and District NHS Foundation Trust Health Visiting Services and North Yorkshire County Council Children’s Centre’s will reflect this philosophy.

RecommenDations for health professionals on discussing bed-sharing with parents

Simplistic messages in relation to where a baby sleeps should be avoided; neither blanket prohibitions nor blanket permissions reflect the current research evidence.

The current body of evidence overwhelmingly supports the following key messages, which should be conveyed to all parents:

- The safest place for your baby to sleep is in a cot by your bed
- Sleeping with your baby on a sofa puts your baby at greatest risk
- Your baby should not share a bed with anyone who:
  - Is a smoker
  - Has consumed alcohol
  - Has taken drugs (legal or illegal) that make them sleepy

The incidence of SIDS (so often called “cot death”) is higher in the following groups:

- Parents in low socio-economic groups
- Parents who currently abuse alcohol or drugs
- Young mothers with more than one child
- Premature infants and those with low birth weight

Parents within these groups will need more face to face discussion to ensure that these key messages are explored and understood. They may need some practical help, possibly from other agencies, to enable them to put them into practice.
3. **ROLES AND RESPONSIBILITIES**
   It is the responsibility of all staff within Harrogate and District NHS Foundation Trust Health Visiting Services and North Yorkshire County Council Children’s Centres to ensure that the principles are adhered to in practice. In some circumstances it may be appropriate to deviate from the guidance but these decisions must be made at a senior management level with the rationale clearly documented in the baby notes.

4. **POLICY DEVELOPMENT AND EQUALITY**
   4.1. **Identification of Stakeholders**
       The core stakeholders involved in the development of this guideline are Children’s Community Services.

   4.2. **Equality Impact Assessment**
       This policy has undergone Stage 1 Equality Impact Assessment Screening. Given the nature of Children’s Community Services provision the guidance applies specifically to all women and their families and does not discriminate on the basis of age, race, disability, sexual orientation, colour, ethnic origin, marital status, nationality, religion or social background. The guideline has been written with the aim of providing equal access, equal treatment, equal participation and equal outcomes and it does not require a full Stage 2 Equality Impact Assessment.

5. **CONSULTATION, APPROVAL AND RATIFICATION PROCESS**
   The review period is a minimum of two years. Where national guidance is published it may be appropriate to update the guideline accordingly. This is the responsibility of the BFI Policy Implementation Group. The version number of the guideline will be published on the title page.

5.1. **Consultation Process**
   This guideline has been written following consultation with Harrogate and District NHS Foundation Trust Midwifery Services; Paediatricians; Dietitians and North Yorkshire County Council.

5.2. **Approval Process**
   Following completion of the policy and ratification by the BFI Policy Implementation Group and any subsequent policy revisions will require approval of the BFI Policy Implementation Group and identified stakeholders.
5.3. **Ratification Process**
The guideline is ratified by the Clinical Governance Group or a designated quorum of that committee.

6. **DOCUMENT CONTROL**

6.1. **Publication**
Harrogate and District NHS Foundation Trust (HDFT) will publish the guidelines on the Trust Intranet. A hard copy will be available with each Health Visiting Team. North Yorkshire County Council (NYCC) will publish the guidelines on their web site and a hard copy will be available in each Children’s Centre.

6.2. **Archiving Arrangements**
Any outdated paper copies of the guideline will be replaced by a new version. The author, in conjunction with the Intranet administrator is responsible for ensuring archiving of replaced electronic versions as evidence of previous policy.

6.3. **Access**
Additional copies of policy documents will not be printed unless it is absolutely necessary, to reduce the risk that out of date copies may be in circulation. Requests for this policy in an alternative language or format (such as Braille, audiotape, large print etc.) will be obtained where possible.

6.4. **Protective Marking**
Appropriate protective marking will be applied consistently to all relevant records.

7. **DISSEMINATION AND IMPLEMENTATION**

7.1. **Dissemination and Communication**
Harrogate and District NHS Foundation Trust will disseminate this policy via the Policies Section on the Trust’s Intranet Site; team leaders and the Daily Bulletin. North Yorkshire County Council will disseminate this policy via their internet site and use of the Children’s Centre Service Leaders.

7.2. **Implementation**
Any appropriate training and support required for staff will be provided.
8. **MONITORING COMPLIANCE AND EFFECTIVENESS**

8.1. **Standards / Key Performance Indicators**
- CNST Standard 5
- UNICEF Baby Friendly Initiative Standards 2013

8.2. **Monitoring Implementation/Compliance of the Standards**
The Harrogate and District NHS Foundation Trust Health Visiting Service and North Yorkshire County Council Children’s Centres require that compliance with this policy is audited at least annually using the UNICEF UK Baby Friendly Initiative audit tool (2013 edition). Staff involved in carrying out this audit require training on the use of this tool.

Audit results will be reported to the General Manager, Integrated Care Directorate and an action plan will be agreed by the BFI Implementation Group to address any areas of non compliance that have been identified.

8.3. **Monitoring Outcomes**
Outcomes will be monitored by:
- Monitoring breastfeeding initiation rates.
- Continuation rates will be monitored through SystmOne quarterly reports.
- Outcomes will be reported to the General Manager, Integrated Care Directorate.

9. **REFERENCE DOCUMENTS**


10. ASSOCIATED DOCUMENTATION


11. APPENDICES

Appendix 1: Children’s Centre Core Offer

Appendix 2: Antenatal Standard / Breastfeeding Pathway

Appendix 3: Referral Process for Persistent and Complex Breastfeeding Challenges

Appendix 4: Practice Guidelines for Practitioners when Considering Possible Faltering Weight in the Breastfed Infant

Appendix 5: Joint Infant Feeding Policy Sign Off Sheet

Appendix 6: Consultation Summary

Appendix 7: Monitoring, Audit and Feedback Summary
Appendix 1: Delivery Of Children's Centre Core Offer And Universal Activities.

A children’s centre is defined by law as a place or group of places managed by, or on behalf of, a local authority, with a view to securing that early childhood services are made available in an integrated manner:

- either by provision of services on site, or by the provision of advice and assistance in gaining access to services elsewhere
- At which (some) activities for young children are provided on site.

Early childhood services are defined as:

- early years provision (early education and childcare);
- social services functions of the local authority relating to young children, parents and prospective parents;
- health services relating to young children, parents and prospective parents;
- training and employment services to assist parents or prospective parents; and
- information and advice services for parents and prospective parents.

A children’s centre should make available universal and targeted early childhood services either by providing the services at the centre itself or by providing advice and assistance to parents (mothers and fathers) and prospective parents in accessing services provided elsewhere. Local authorities must ensure that children’s centres provide some activities for young children on site.

Universal Programmes

15 Children's Centres - From April 2015 – December 2015

CCSL for each of the 15 children’s centres will locally commission a number of universal activities through SLAs with local providers (Following discussion with Marc Mason Commissioning and Standards Manager and David Ingham Procurement Business Partner a waiver currently being submitted for these services to be commissioned locally) The SLA will be a standard template

Stay and Play sessions – Universal and alongside healthy child clinics incorporating evidence based ICAN resources Babbling Babies

Toddler Talk 2-3 yrs
Chatting Children 3-5 yrs

These sessions will be provided in a variety of ways including local commissioning through SLA, and partnership working with local voluntary and community sector providers. Income generation may be considered through voluntary contributions. (A budget within supplies and services to be allocated)
Appendix 1

**Ante natal - Breast feeding support** – To be determined locally through local commissioning with SLA or through volunteers. There is an opportunity for County wide commissioning through BFI from 2016 (A budget within supplies and services to be allocated)

**Baby Massage** – 5 week programme to promoted positive attachment and early communication – Currently commissioned under a number of locality contracts ((Following discussion with Marc Mason Commissioning and Standards Manager and David Ingham Procurement Business Partner an extension of contracts being requested until March 2016). A charge of £15 per course will remain.

**Healthy Child Clinics** - To be delivered through HCP with 0-5 Healthy child team across all Children’s Centre Reach Area

**HCP development checks** - To be delivered through HCP with 0-5 Healthy child team across all Children’s Centre Reach Area

**Other universal sessions** such as Music and movement, baby yoga, baby sensory, baby signing can be commissioned using local SLA agreement or space offered within the children’s centre for providers to deliver such activities and determine a charge. The expectation will be that these are cost neutral with income covering any commissioning costs.

**Adult learning and skills service** also offer a number of Family Learning activities which will enhance the Universal offer for children and families.

**From January 2016** - Services to be commissioned for each Children’s Centre will be through Marc Mason Commissioning and Standards Manager

**Children’s Centre Service Leaders also have the opportunity to work creatively in partnership with the local community and providers to run a number of activities to meet the needs of their Children’s Centre reach area;**

For example post natal groups, weaning sessions, healthy eating, buggy fit (To be determined locally through discussions with Healthy child team and other partners ie leisure centres) Some charges may apply to ensure cost neutral delivery.

*External funding can also be applied for to support local delivery.*
Targeted Programme for Core Offer

Ante natal – Antenatal 3 week programme for first time mums and most vulnerable families – Joint delivery by Prevention team and 0-5 healthy child team, Midwifery services and Children’s Centre to include early language development and attachment and promote Amazing Babies (Baby room Project for parents) – Monthly programme - Delivery may not be in all centres but accessible to targeted children and families across localities.

Ante-natal - 6 months - Amazing babies Baby room for parents programme - joint delivery by Prevention team with EP – 3 sessions over a period of 9 weeks. Incorporated within the 9 weeks is 5 weeks of baby massage commissioned until April 2016 - Promoting attachment and early communication supporting language development – Termly delivery in 15 centres.

Birth – 6 months - Baby Massage – 5 week programme to promoted positive attachment and early communication – Currently commissioned under a number of locality contracts ((Following discussion with Marc Mason Commissioning and Standards Manager and David Ingham Procurement Business Partner an extension of contracts being requested until March 2016)

Birth -6 weeks - BookStart Black and White book for identified families in the first 6 weeks following the birth of new baby – Delivered through 0-5 healthy child team working in partnership with CCSL & CWTL to identify appropriate families.

Birth -12 months - Baby Play – Targeted session to identified families offering early play opportunities incorporate Babbling Babies (ICAN) to promote early communication. Termly delivery by Prevention team in 15 centres

Birth - 12 months - Incredible years Parent and Baby Programme Webster Stratton – 8 -10 week programme promoting attachment early communication skills and social emotional development - In the Parents and Babies Program, parents learn how to help their babies feel loved, safe, and secure. They learn how to encourage their babies’ physical and language development. Delivery by Prevention team may not be in all centres but accessible to targeted children and families across localities.

12 – 24 months – Small talk - 7 week programme promoting early communication and language development and positive parenting. Termly delivery by Prevention team in 15 centres.

SALT drop-ins to be linked to the 15 children’s centre localities but delivery may not occur in each locality

24 months plus - Building blocks for language – 8 week communication programme - Referral from SALT drop in following assessment by Speech and Language Therapist identifies delay in development around speech language and communication needs. Delivery by Prevention team according to referrals across Children centres localities.
12 – 36 months – **Terrific toddlers** Webster Stratton incredible years - 10 week programme delivered by Prevention team promoting positive attachment, early communication and language skills, social emotional development and parenting skills. Parents learn how to help their toddlers feel loved and secure and how to encourage their toddler’s language, social, and emotional development.

24 months plus **BookStart Corner** – 4 week targeted programme encouraging sharing parents/carers to enjoy books with their child supporting a positive stimulating home learning environment includes 5 a day activities. Delivered during 1-1 home visits by Prevention team. Final visit includes trip to the local library.

24 months plus- **Early Words National literacy Programme** – Delivered by volunteers over 6 weeks - parent/child session encouraging sharing books and participating in creative activities supporting early literacy and language development and encouraging a positive stimulating home learning environment.

36 months plus - **Family Links** – 11 week parenting programme – To be offered as an alternative for Incredible Years programme across centres where Prevention team not trained in Incredible years.

**Crèche provision to support targeted provision** –
From April 2015 – December 2015 CCSL for each of the 15 Children’s centres will locally commission crèche provision through SLAs (Following discussion with Marc Mason Commissioning and Standards Manager and David Ingham Procurement Business Partner a waiver currently being submitted for these services to be commissioned locally)
Crèche support required for following parenting programmes;
- Terrific Toddlers
- Family Links

And adult learning courses

**From January 2016** - Crèche Services to be commissioned for each Children’s Centre through the Commissioning Manager.
Appendix 2

Breastfeeding Pathway

COMMUNITY
The Health Visiting Team will develop an understanding of the breastfeeding needs of Families with Children under 5 in their Locality by:
• Working jointly with Health Partners particularly GPs, Midwifery Colleagues, NYCC Children’s Centres and Voluntary Agencies to develop quality services which support families who choose to breastfeed.
• Providing and promoting access to good quality information around breastfeeding.
• Informing families about Local Service Provision such as Breastfeeding Cafes; Breastfeeding Support Groups and Peer Support.
• Promoting and working to the Baby Friendly Initiative Standards.

UNIVERSAL
Every family will be seen antenatally and postnatally by a trained member of the Health Visiting team. Antenatal contacts will ensure that pregnant women are supported to recognise the importance of breastfeeding and early relationship building for the health and wellbeing of their babies. Postnatal contacts will encompass discussions around the benefits and management of breastfeeding, how to respond to/receive baby’s needs and relationship building. Health Visitors will undertake routine breastfeeding assessments using Unicef’s Breastfeeding Assessment form at the new birth visit or where subsequent problems arise. This will ensure issues requiring further support can be identified.

UNIVERSAL PLUS
Additional services that any family might need if there is a risk to the establishment and continuation of breastfeeding to prevent problems developing or worsening.
• Named Health Visitor to work with the family.
• Gain advice from BF Champions if required.
• Refer to Breastfeeding Support Group.
• 1:1 or group based support
  GP; Midwifery Services; Breastfeeding Counsellor; Children’s Centre Support; Breastfeeding Café; Peer Support; Breastfeeding Support Group; Postnatal Groups (Local Services may differ).

UNIVERSAL PARTNERSHIP PLUS
Additional services for families where a breastfeeding issue has been identified, not resolved or requires specific input.
• Health Visitor refers to Specialist Service.
• Health Visitor to provide Universal and Universal Plus offer and any action/support as agreed with other services. Other services may include: Midwifery, GP, Lactation Consultant, Paediatricians, ENT.
• (Actions may include use of other pathways).

Family’s goals achieved:
• Ensure family know how to access the Health Visiting Service.
• Plan next steps with family or other services as appropriate.

Family goals not achieved:
• Review action plan with family.
• Refer to Joint infant feeding policy and Breastfeeding Pathway to plan next steps.

Families goals not fully met:
• Review action plan with family.
• Refer to Infant Feeding Policy / Breastfeeding Pathway to plan next steps.
• Review action plan with family.

Jane Webster - Clinical Lead Health Visiting
August 2015
Appendix 3

Referral Process for Persistent Breastfeeding Challenges

Breastfeeding issues identified following Routine Formal Breastfeeding Assessments by the Health Visitor and Mum (NBV or Subsequent Contacts).

Breastfeeding issues identified within Children Centre settings by Children Centre Staff, Nursery Nurses, Assistant Practitioners, Peer Supporters, Voluntary Agencies or Families themselves.

Refer families (with parental consent) to Local Health Visiting Team.

Local Breastfeeding Support Group.

Information provided on access to ongoing support for the family.
- Health Visitor contact details given
- Children’s Centre information given
- Local baby clinic details given
- Local Breastfeeding group details given
- National Breastfeeding helpline numbers given
- Who to contact out of hours

Breastfeeding challenges identified:
- Full breastfeed observed and action plan formulated.

More difficult breastfeeding problem identified:
- Gain advice from Community Infant Feeding Co-ordinator or Breastfeeding Champion. Action plan formulated.

Health Visitor Review
(Completion of Breastfeeding Assessment and observation of feed)

Breastfeeding Challenges resolved.
- Family to contact Health Visitor if support required. Health Visitor to review feeding as per core programme.

Breastfeeding challenges unresolved. Consider Referral to Specialist Service:
Referral Process for Specialist Service:
- HV to contact Infant Feeding Lead (IFL)/HV Breastfeeding Champion to explain reason for referral;
- HV to complete Systmone Specialist Support Referral form;
- HV to follow up initial contact with IFL/HV Breastfeeding Champion by task to ensure IFL/HV Breastfeeding Champion aware of imminent referral and client details

Consider options for further support.
(Referral to GP may be warranted).

Local Breastfeeding Support Group.

Health Visitor to continue to provide support until feeding issue resolved.
Practice Guidelines for Practitioners when considering possible Faltering Weight in the Breastfed Infant

Current Author: Deborah Stuart
(Adapted from Leeds Public Health Practice Guidelines)

Acknowledgements: Sally Goodwin-Mills
Lisa Finnett
Yvonne Parkes

August 2015 Practice Guidelines reviewed by:

- Baby Friendly Co-ordinator
- Clinical Lead Health Visitor / Team Leader
- Children’s Community Dietitians
- Governance and Professional Development

Start Date: 04/01/16
Review Date:

Objective
To provide best practice guidance for practitioners supporting breastfeeding women and families where faltering weight of an infant has been identified.

To ensure that every breast fed infant whose weight is faltering receives a full assessment and an appropriate plan of care to reach the best achievable outcome.

These guidelines should be read in conjunction with the:

- Joint Infant Feeding Policy
- Breastfeeding Pathway
- Weaning Guidelines
- Sub-optimal Growth Policy
- Using the new UK–World Health Organization 0–4 years growth charts: Information for healthcare professionals about the use and interpretation of growth charts
  [http://www.rcpch.ac.uk/Research/UK-WHO-Growth-Charts](http://www.rcpch.ac.uk/Research/UK-WHO-Growth-Charts)
Underpinning Resources
All practitioners who have contact with breastfeeding mothers and infants must undertake breastfeeding training at a level appropriate to their role.

Definition

Faltering weight
The term ‘faltering weight’ is used when a baby or child fails to gain weight or grow as expected.

Faltering weight for this guideline in the breast fed infant is where there is slow or erratic weight gain in babies up to 6 months. If there is any indication of faltering weight or weight loss there must be an assessment completed. If following the assessment process below, growth remains unchanged or falls 2 or more centiles on the UK-WHO 0-4 years growth charts, a referral to the GP must be made.

Specialist help and support available

- **Children’s Dietitians**
  Please refer to local Dietetic Service.

- **Baby Friendly Initiative (BFI) Community Infant Feeding Coordinator**
  Deborah Stuart – Tel: 07770 398527

- **Specialist Health Visitor Infant Feeding**
  Agnes Hare – Tel: 07392 194197
  Kath Lane – Tel: 07392 194123

- **BFI Breastfeeding Champions (Health Visitors)**
  Please refer to local Health Visitor Breastfeeding Champions if further support/advice required.

Possible causes of faltering weight to consider

The most common causes of not having enough milk relates to:

- Ineffective attachment
- Infrequent breastfeeding
- Limited feeding duration

Other causes may include:

- Oral contraceptive use
- Sore nipples
- Tongue tie

(Be aware this is not an exhaustive list).

Because the mother and baby come as a unit it is important to work with both to help
### Assessment and intervention process

#### Step 1: Following a growth and general assessment showing faltering weight

1. Complete a breastfeeding assessment using the breastfeeding assessment form, [Appendix 1] and observe a feed.
2. If there are indications of a problem following the breastfeeding assessment, a plan of care must be instigated, explained and discussed with the parents and documented.
3. Give appropriate suggestions to increase lactation e.g. changes to position and attachment, skin to skin contact to increase hormone levels and stimulate baby to feed, switch feeding (short term solution only) [Appendix 2], breast compression [Appendix 3], feeding during the night, feeding for longer and more frequently.
4. Discuss with parents signs of adequate milk intake e.g. wet nappies, stools, and change in baby behaviour.
5. Acknowledge mum’s breastfeeding achievements.
6. Ensure there is time for emotional support, including active listening. Arrange to contact the mother 24-48 hours after initial assessment to discuss changes made.
7. Give details of local breastfeeding support groups and peer supporters (dependant on area). Refer families to a map detailing what breastfeeding support is available in the area: [http://www.northyorks.gov.uk/24091](http://www.northyorks.gov.uk/24091)
8. Contact a breastfeeding champion for further help if needed.
9. If the baby appears clinically unwell please seek medical attention and refer promptly and appropriately.

#### Step 2: Follow up telephone call 24-48hrs later

Reassess using Breastfeeding Assessment Tool

<table>
<thead>
<tr>
<th>Mum should be able to report changes in baby behaviour, nappies etc</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YES</strong></td>
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<tr>
<td><strong>If yes then re-weigh in 1 to 2 weeks in clinic and support the mother / family with the changes made</strong></td>
</tr>
<tr>
<td><strong>If no then further assessment needed [Step 3]</strong></td>
</tr>
</tbody>
</table>

#### Step 3: Further assessment...Is it further weight loss or static weight?
Static weight
Consider the following as part of your assessment:

- Is the mother confident with her feeding technique?
- Can the mother explain positioning and attachment to you showing understanding of the key principles?
- Have you ruled out other possible causes of faltering weight as shown previously?
- What if any changes have been made and can further suggestions be made e.g. feeding more frequently and for longer, especially during the night.
- Encourage the mother to express after feeds (by hand or pump) and give expressed milk in addition to breastfeeds.
- Has the mother/family considered using peer support/support groups? What information has she been given from these groups if they have been used?
- If / when does the baby need to be re-weighed?
- Do you need support from the Community Infant Feeding Co-ordinator or local Breastfeeding Champion?
- Consider referral for medical review to GP or Community Paediatrician.

Recurrent static weight and weight loss
Consider the assessment prompts and move to Step 4

Step 4: Recurrent static weight and weight loss

Follow best practice guidance below for how and when to give supplements when breastfeeding. Refer for further medical review and advice via GP or Community Paediatrician.

Additional information

Use of supplements in the breastfed baby

If, following all the steps as described above, a baby is still not growing satisfactorily with exclusive breastfeeding it may be necessary to introduce a supplementary feed. Expressed breastmilk should always be the first choice but concerns about the safety and wellbeing of the mother or baby might make it necessary to introduce formula supplements. This might also be at the family’s request. If infant formula is given, a Stage 1 Newborn Infant Milk is generally the only milk that a baby will require. However for advice on high calorie formulas contact the Paediatric Dietitians. The role of the Health Professional is to ensure families have the information needed to make informed decisions about how they want to feed their baby, then respect the decisions made and continue to provide support.
How to give supplementary feeds

The difference between static weight and weight gain can be as little as 3-4oz milk in 24 hours. Each mother and baby unit have individual needs. It is important as a Health Professional that we actively listen to mum’s views, accept concerns and provide relevant information that will enable a plan to be devised with mum that works best for her. It is best to give a supplementary feed as a single feed of 3oz (maximum in the first instance). If adding one supplement does not improve weight gain further feeds can be added spaced throughout the day. Supplements can be reduced and stopped once breastmilk supply / weight gain improves.

‘Topping-up’ after breastfeeds is not normally advisable as this can exceed the baby’s needs. This method also means that a mother will always presume she has not fed her baby enough by breast and undermines her confidence in breastfeeding. The breasts work on supply and demand so if the baby is only taking a small amount of breast milk then the breasts will only make a small amount; hence introducing formula at each feed time can often be the beginning of the end of breastfeeding. However in some more extreme cases of very low / no weight gain infants may need very frequent supplements in order for them to reach an appropriate weight – in this instance specialist support should be sought. Every situation will be different. The information provided in this guideline should be used in conjunction with professional judgement.

Expressing breastmilk

To maximise breastmilk production and therefore the infant’s intake effective attachment and frequent responsive feeds are essential. In some situations where milk production and milk transfer need to be improved, additional milk expression after feeds to either drain the breasts when transfer has not taken place or further boost supply should be encouraged.
Practice Guidelines for Practitioners when considering possible Faltering Weight in the Breastfed Infant

Complete Breastfeeding Assessment using the Breastfeeding Assessment form. See Step 1 in ‘Practice Guidelines when considering possible Faltering Weight in the Breastfed Infant’ for points to consider when completing breastfeeding assessment.

Follow up telephone contact or face to face within 24 – 48 hours to review breastfeeding assessment. Any changes?

Yes

Provide support and encouragement as required. Reweigh in 2 weeks.

No

Repeat steps 1 and 2 and consider further points in step 3 as written. Reweigh in 1 to 2 weeks. Continue to offer support to parents as required.

Baby re-weighed

WEIGHT GAINED
Continue to support and encourage as required. Reweigh in 2 – 4 weeks and review progress.

STATIC WEIGHT GAIN
Refer to GP and consider supplementing feeds.

Give supplementation for one week as per guidelines. Weigh and Review.

WEIGHT GAINED
Continue to supplement breast feeds. Plan to reduce supplement feed as breastmilk supply increases. Reweigh within 2 – 4 weeks.

STILL STATIC
Increase supplementation as per guidelines and reweigh in 1 week.
References

International Breastfeeding Centre (2009) Breast Compression
http://www.nbci.ca/index.php?option=com_content&id=8:breast-compression&Itemid=17


Associated Documents


Appendices

Appendix 1: Breastfeeding Assessment form
Appendix 2: Switch Feeding
Appendix 3: Breast Compression
**APPENDIX 2: Switch Feeding**

Switch feeding swaps the baby from one breast to the other and back each time the sucking pattern ceases to be nutritive, for instance when swallows cease to be heard. This is a short term solution and should only be used if baby is a sleepy or lazy feeder to help boost his energy levels with higher calorie milks. It is important to return to allowing him to finish and come off each breast when he is ready and full. This should only be suggested under expert supervision (BFI Workbook 2013 p44).

**APPENDIX 3: Breast Compression**

The purpose of breast compression is to continue the flow of milk to the baby when the baby is only sucking without drinking. If baby is no longer drinking on his own, mother may use compressions to ‘turn sucks or nibbling into drinks’, and keep baby receiving milk. Compressions stimulate a letdown or milk ejection reflex.

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**APPENDIX 1: UNICEF BFI Breastfeeding Assessment form**

<table>
<thead>
<tr>
<th>How you and your health visitor can recognise that your baby is feeding well</th>
<th>This assessment tool was developed for use in or around day 10-14</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Your baby:</strong></td>
<td><strong>Wet nappies:</strong></td>
</tr>
<tr>
<td>has at least 8-12 feeds in 24 hours</td>
<td>Nappies should feel heavy. To get an idea of how this feeds take a nappy and add 2-4 tablespoons of water as this will help you know what to expect.</td>
</tr>
<tr>
<td>is generally calm and relaxed when feeding and content after most feeds</td>
<td><strong>Stools/dirty nappies:</strong></td>
</tr>
<tr>
<td>will take deep rhythmic sucks and you will hear swallowing</td>
<td>By day 10-14 babies should pass frequent soft runny yellow stools every day with 2 stools being the minimum you would expect.</td>
</tr>
<tr>
<td>will generally feed for between 5 and 40 minutes and will come off the breast spontaneously</td>
<td>After 4-6 weeks when breastfeeding is more established this may change with some babies going a few days or more without stooling. Breastfed babies are never constipated and when they do pass a stool it will still be soft, yellow and abundant.</td>
</tr>
<tr>
<td>has a normal skin colour and is alert and waking for feeds</td>
<td><strong>Feed frequency:</strong></td>
</tr>
<tr>
<td>Has regained birth weight</td>
<td>Young babies will feed often and the pattern and number of feeds will vary from day to day. Being responsive to your baby’s need to breastfeed for food, drink, comfort and security will ensure you have a good milk supply and a secure happy baby.</td>
</tr>
<tr>
<td><strong>Your baby’s nappies:</strong></td>
<td><strong>Care plan commenced:</strong> Yes/No</td>
</tr>
<tr>
<td>At least 6 heavy, wet nappies in 24 hours</td>
<td></td>
</tr>
<tr>
<td>At least 2 dirty nappies in 24 hours, at least £2 coin size, yellow and runny and usually more</td>
<td></td>
</tr>
<tr>
<td><strong>Your breasts:</strong></td>
<td></td>
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<tr>
<td>Breasts and nipples are comfortable</td>
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<tr>
<td>Nipples are the same shape at the end of the feed as the start</td>
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<tr>
<td>How using a dummy/nipple shields/infant formula can impact on breastfeeding?</td>
<td></td>
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<td><strong>Date</strong></td>
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<tr>
<td>Health visitor initials</td>
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</tbody>
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Deborah Stuart: BFI Infant Coordinator
December 2015
APPENDIX 2: Switch Feeding

Switch feeding swaps the baby from one breast to the other and back each time the sucking pattern ceases to be nutritive, for instance when swallows cease to be heard. This is a short-term solution and should only be used if baby is a sleepy or lazy feeder to help boost his energy levels with higher calorie milk. It is important to return to allowing him to finish and come off each breast when he is ready and full. This should only be suggested under expert supervision (UNICEF BFI 2013).
APPENDIX 3: Breast Compression

- Hold the baby safely with one arm.
- Support your breast with the other hand, encircling it by placing your thumb on one side of the breast (thumb on the upper side of the breast is easiest), your other fingers on the other, close to the chest wall.
- Watch the baby’s drinking pattern. Observe for the sucking and swallowing pattern throughout the feed (UNICEF BFI, 2013). When the baby is only ‘nibbling’ at the breast (suck-swallow pattern is no longer evident), compress the breast to increase the internal pressure of the whole breast. DO NOT roll your fingers along the breast toward the baby, just squeeze and hold. DO NOT squeeze so hard that it hurts or changes the shape of the areola. With the compression, the baby’s suck-swallow pattern should become evident again as the baby starts drinking.
- Use compression when baby’s sucking pattern ceases to be nutritive i.e. no swallowing is observed. Keep the pressure up until the baby is just sucking without swallowing even with the compression and then release the pressure. Release the pressure if baby stops sucking or if baby goes back to sucking without drinking. If the baby does not stop sucking after the release of pressure wait a short time before compressing again.
- The reason for releasing the pressure is to allow your hand to rest, and to allow milk to start flowing to the baby again. The baby, if he stops sucking when you release the pressure, will start sucking again when he starts to taste milk.
- When the baby starts sucking again, he may drink. Observe for the suck-swallow pattern. If this does not occur, compress again as above.
- Continue on the first side until the baby’s suck-swallow pattern ceases even with the compression. You should allow the baby to stay on that side for a short time longer, as occasionally you may get another let-down reflex (milk ejection reflex) and the baby will start drinking again, on his own. However if the baby’s suck-swallow pattern ceases allow him to come off or take him off the breast.
- If the baby wants more, offer the other side and repeat the process.
- You may wish, unless you have sore nipples, to switch sides back and forth in this way several times.
- Remember to work on improving attachment.
- **Remember, compress as the baby sucks but does not swallow. Wait for baby to initiate the sucking; it is best not to compress whilst baby has stopped sucking altogether.**
- Breast compression will not always be needed. As breastfeeding improves, you will be able to let things happen naturally.

(International Breastfeeding Centre 2009)
Appendix 5:

**Joint Infant Feeding Policy Sign Off Sheet**

I .............................................. am signing this form to confirm that I have read the Joint Infant Feeding Policy within the first week of my employment. I understand the Joint Infant Feeding Policy and will work within its boundaries.

Name:  

Signature:  

Date:  

Please send one copy to workforce development
Please give one copy to your team leader so it can be put in your personal record

Deborah Stuart
Community Infant Feeding Co-ordinator  

03/12/15
**Consultation Summary**

Those listed opposite have been consulted and any comments/actions incorporated as appropriate.

The author must ensure that relevant individuals/groups have been involved in consultation as required prior to this document being submitted for approval.

<table>
<thead>
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<th>List Groups and/or Individuals Consulted</th>
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<tr>
<td>Baby Friendly Initiative Implementation group (HDFT and NYCC staff)</td>
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<tr>
<td>HCP meeting</td>
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<td>0 – 5 Services</td>
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<tr>
<td>Paediatricians / Maxillofacial Consultant</td>
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<td>Paediatric Dietitians</td>
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<tr>
<td>Midwifery Services</td>
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<td>HDFT Hospital Infant Feeding Co-ordinator</td>
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## Monitoring, Audit and Feedback Summary

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<th>Audit / Monitoring required</th>
<th>Audit / Monitoring performed by</th>
<th>Audit / Monitoring frequency</th>
<th>Audit / Monitoring reports distributed to</th>
<th>Action plans approved and monitored by</th>
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